

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF VIRGINIA  
LYNCHBURG DIVISION

In re:

BARBOUR, LLOYD ALAN  
BARBOUR, REBECCA TUCK  
Debtors

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)  
)

Case No. 09-62047 WEA

Chapter 7

Form 704-8B

Rev. 1/05

FILED ROANOKE, VA  
U.S. BANKRUPTCY COURT

AUG 24 2010

BY   
DEPUTY CLERK

**TRANSMITTAL OF SMALL DIVIDENDS**

Comes now the undersigned trustee and reports as follows:

1. Distribution to creditors in an amount of less than Five Dollars (\$5.00), unless authorized by the court is prohibited by Bankruptcy Rule 3010, unless authorized by the Court. No such order has been entered by the court.

2. The trustee has attached a separate sheet (Exhibit A) indicating the name, address, and amount due those creditors to whom distribution of less than five dollars would have been made if ordered by the Court.

3. That the trustee's check payable to the Clerk, U.S. Bankruptcy Court, for the dividends of less than five dollars is attached with the request that such funds be deposited in the U.S. Treasury.

Dated: August 10, 2010



GEORGE A. MCLEAN, JR., Trustee  
302 WASHINGTON AVENUE  
ROANOKE, VA 24016  
(540) 982-8430

**Exhibit A**

In Re: Barbour, Lloyd Alan  
Barbour, Rebecca Tuck  
Case No. 09-62047; Lynchburg Division

Name of creditor: David D. Childress, DDS, PC  
Address: Piedmont Credit & Collection Srvs.  
P.O. Box 1596  
Danville, VA 24543

This represents unsecured claimant no. 7-- amount filed: \$55.50. Payout is \$4.95 disbursed to the U.S. Bankruptcy Court Clerk, since the check is for less than \$5.00.

B 10 (Official Form 10) (04/07)

UNITED STATES BANKRUPTCY COURT <u>WESTERN</u> DISTRICT OF <u>VIRGINIA</u>			PROOF OF CLAIM	
Name of Debtor <b>LLOYD &amp; REBECCA BARBOUR</b>		Case Number <b>09-62047</b>	THIS SPACE IS FOR COURT USE ONLY	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>DAVID D. CHILDRESS, DDS, PC</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: <b>PIEDMONT CREDIT &amp; COLLECTION SRVS.</b> PO BOX 1596 DANVILLE, VA 24543 Telephone number: (434) 792-4022		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.		
Last four digits of account or other number by which creditor identifies debtor: <b>3700</b>		<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
1. Basis for Claim		<input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned	<input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed	
2. Date debt was incurred: <b>07/22/2008</b>		3. If court judgment, date obtained:		
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.				
Unsecured Nonpriority Claim \$ <b>55.50</b>		Secured Claim		
<input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.		<input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).		
Unsecured Priority Claim		Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Other _____ <input type="checkbox"/> Motor Vehicle		
<input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral: \$ _____		
Amount entitled to priority \$ _____		Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ _____		
Specify the priority of the claim:		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).		
<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).		
<i>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>				
5. Total Amount of Claim at Time Case Filed: \$ <b>55.50</b>		<b>55.50</b>		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		(unsecured)      (secured)      (priority)      (total)		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY		
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.				
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.				
Date <b>10/22/2009</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <i>Katherine Barbee</i> <b>KATHERINE BARTEE</b>			

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

David D. Childress, DDS, PC  
 1108 Main Street  
 Danville, VA 24541  
 (434)792-9036 x

### PATIENT TRANSACTIONS

Account: ( 613700) Lloyd Barbour  
 Patient: ( 613701) Rebecca L. Barbour

Date	Patient	TR	Code	DS	Dr	T	Swrf	Description	Prod.	Charges	Ctg Adj	Payment	Pay Adj	Balance
07/22/08	Rebecca L	613701	220	1	1	A	19	Introrad-Periapical		14.00				14.00
07/22/08	Rebecca L	613701	7310	1	1	A	19	Surgical Rmvl, Erupted Th		183.00				199.00
07/22/08	Rebecca L	613701	7140	1	1	A	20	Extraction-erupted tooth or expo		100.00				299.00
07/22/08	Rebecca L	613701		1	1		A	Cash Payment				97.00		202.00
08/05/08	Rebecca L	613701	2	1		A		Insurance Check Payment						202.00
10/22/09	Rebecca L	613701	50	1	1	A		RISK WRITEOFF/CH 7				146.50		55.50
								CH 7				55.50		0.00
<b>PATIENT TOTALS</b>									299.00	0.00	-98.50	343.50	0.00	0.00

Total Tax on procedures and charges: \$0.00

### PATIENT AGING

	Current	30 days	60 days	90 days	Credits	Total
Balance	0.00	0.00	0.00	0.00	0.00	0.00
Insurance	0.00	0.00	0.00	0.00	0.00	0.00

Account BP Balance: \$0.00